

Exhibit A

Diligence Response

RESCAP

Sent/Received

JUN 20 2013

MORRISON | FOERSTER

To:
By: **Claim Information**

Claim Number	4413
Basis of Claim <small>Explanation that states the legal and factual reasons why you believe you are owed money or are entitled to other relief from one of the Debtors as of May 14, 2012 (the date the Debtors filed their bankruptcy cases) and, you must provide copies of any and all documentation that you believe supports the basis for your claim.</small>	SEE EXHIBITS ATTACHED COURT ORDER INDEX: 11-3663 COURT OF APPEALS SECOND CIRCUIT AND EVIDENCE

If your claim relates to a mortgage loan that you believe was originated or serviced by one of the Debtors, please be sure to include the following loan information, so that we can effectively search our records for information on your property and loan, and evaluate your claim.

Loan Number:	[REDACTED] 8738		
Address of property related to the above loan number: 89-37 METROPOLITAN AVE.			
City:	REGO PARK	State:	N.Y.
		ZIP Code:	11374

Additional resources may be found at - <http://www.kccllc.net/rescap>

Claim #4413 Date Filed: 11/8/2012

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: HUME CROWING GMA C.	Case Number: 8738	NOV - 8 2012
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): JESSICA ANGEL QUIROZ		COURT USE ONLY
Name and address where notices should be sent: RAMON QUIROZ 89-37 METROPOLITAN AVE REGO PARK N.Y.		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number:	email: 11374	Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): RAMON QUIROZ 89-37 METROPOLITAN AVE REGO PARK N.Y.		Filed on: _____
Telephone number: 718-275-2192 email: RAYORLANDO@HOTMAIL.COM		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
RECEIVED NOV 15 2012 KURTZMAN CARSON CONSULTANTS		
1. Amount of Claim as of Date Case Filed: \$ 72,000 PLUS INTEREST		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: _____ (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 3913	3a. Debtor may have scheduled account as: GMA C (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ 400,000		Amount of Secured Claim: \$ _____
Annual Interest Rate 5.5% <input type="checkbox"/> Fixed or <input checked="" type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ 522,000
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input checked="" type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().
Amount entitled to priority: \$ 72,000 PLUS INTEREST FROM 10/01/2005		
*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



B 10 (Official Form 10) (12/11)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

RECEIVED

NOV 15 2012

8. Signature: (See instruction #8)

Check the appropriate box.

- ☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor.
- (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: RAMON RUIROZ
Title: _____
Company: _____

Address and telephone number (if different from notice address above):

89-37 METROPOLITAN AVE
REGO PARK, NY 11374

Telephone number: 718-275-2192 email: RAYCERLANDU@HOTMAIL.COM

Ramon Ruiz NOV. 7, 2012
(Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

MORRISON / FOERSTER *Residential Capital, LLC RESCAP*

Claim Number: 4413

Dear Sirs: Morrison / Foerster: Counsel to the Debtors Larren M. Nathelsky. Gary S. Lee, Lorenzo Marinuzzi, Morrison & Foerster LLP at: 1290 Avenue of the Americas New York, NY 10104.

Upon the Affidavits from Jessica Angel Quiroz substitution durable power of Attorney and Deed (Title): to Ramon Quiroz and his Affidavit in support of Your information of "PROOF OF CLAIM" "UNKNOWN" "BASIC CLAIM" Quiroz Et Al verify Basic Claim was due to the fact Fraud in the Court was arranged by New Century Mortgage Corporation in connection with U.S. Bank, National Association as Trustee GMAC/ Homecomings and the Law Firm of Steven J. Baum P.C. See Exhibits No.(1)

See: Also fabricated documents from Homecomings, Countrywide, Bank of America, and Homecomings Financial. Exhibit Attached No. (2)

ORDERED United States Court of Appeals for the Second Circuit in the City of New York on the 25th day of April, 2013

Upon due Consideration been had in the United States of the Court of Appeals Second Circuit in the matter of the Civil Complaint filed in the United States District Court for the Eastern District of Brooklyn N.Y. E.D.N.Y. 10-cv-2485 and by the ORDER of the United States Court of Appeals for the Second Circuit Present Honorable Ralph K. Winter, Guido Calabresi, Gerald E. Lynch Circuit Judges it is Hereby ORDERED that (1) Appellants Quiroz Et Al motion for Summary Judgment is CONSTRUED as motion for summary reversal of the District court's August 9, 2011 judgment dismissing the Appellants' complaint; (2) as so construed decision on the motion is DEFERRED pending the lifting or termination of the automatic stay, see 11 U.S.C. § 362 (a)(1); Johnson v. Morgenthau, 160 F. 3d 897, 899 (2d Cir.1998) (providing that this Court has "inherent power...to manage and control its docket") See Exhibits attached No. (3)

Jessica Angel Quiroz and Ramon Quiroz Et Al demands U.S. Bank, National Association as Trustee GMAC/ Homecomings and the Law Firm of Steven J. Baum P.C. Caused Physical Harm and Death to Mrs. Helen Quiroz who suffered severe stress pain and suffering over five years and die for Improper and illegal procedure in the Court of Law by the above Corporations whom fraudulently abused and fabricated false documents to steal the Quirozs' family home.

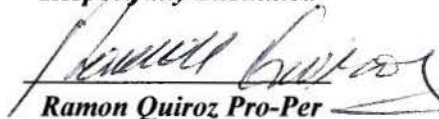
See : Exhibit No. (4) Certificate of Death.

"Real State Property damages".

Quiroz Et Al Proof of Claim \$1,000,000.00 One Million Dollars to settle this matter.

JUNE 18/2013

Respectfully Submitted


Ramon Quiroz Pro-Per


I swear the above is true under penalties of perjury.

Sworn to before me


Ramon Quiroz

On June 18th, 2013 Notary Public _____

LATOYA WILLIAMS
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01W16251631
QUALIFIED IN KINGS COUNTY
MY COMMISSION EXPIRES 11/14/15

 6/18/13

CLAIM NUMBER: 4413

*Residential Capital, LLC RESCAP, U.S. Bank National Association
As Trustee, GMAC, Homecomings Case No. 12-12020
Quiroz' Et Al Affidavit in Support:*

PROOF OF CLAIM NUMBER: 4413

I, Ramon Quiroz, being sworn says: I am the legal owner of the property in question and where I live, I am over 18 years of age and reside at: 89-37 Metropolitan Ave Rego Park New York, 11374, I Swore and present this Affidavit in Support: proof of claim against RESCAP Residential Capital LLC et al: Counsel to the Debtors Larren M. Nathelsky. Gary S. Lee, Lorenzo Marinuzzi, Morrison & Foerster LLP 1290 Avenue of the Americas New York, NY 10104. U.S. Bank, GMAC Homecomings with the Law Office of Zeiner Ellman & Krause L.L.P. Robert Guttman P.C. Attorney for the Appellees (Defendants) located at 575 Lexington Ave New York New York 10022, Appellees (Defendants) Court of Appeals for the Second Circuit N.Y. Index No. 11-3663: no legal Title or Mortgage presented in Court. They are not the real party in interest to this property and are not being authorize to foreclose Appellants' Home, no legal assignment has being recorded in the Supreme Court of the State of New York Queens County Index No.25117/07 and upon the truth of the matter and the proper accuracy and legal documents submitted to this court, the same is true to my knowledge and belief, except as matters therein stated to be alleged on information and belief and as those matters I believed them to be true. To the best of my knowledge information and belief, formed after an inquiry reasonable under the circumstances, the presentation of these papers of the contention therein are not frivolous as defined in subsection (C) of section 130-1-1 of the Rules of the Chief Administration (22 NYCRR).

Please note that no other party in this action has answered, appeared or requested notification of this motion; therefore no other parties are entitled to notice of this application.

The foregoing statements are true, under the penalty of perjury.

Swore to before me

This day...18.....of June, 2013



Notary Public



Ramon Quiroz

LATOYA WILLIAMS
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01W16251631
QUALIFIED IN KINGS COUNTY
MY COMMISSION EXPIRES 11/14/15

RESCAP

MORRISON | FOERSTER

Claim Number: 4413

Dear Claimant: Jessica Angel Quiroz

You are receiving this letter because you or someone on your behalf filed a Proof of Claim form in the jointly-administered chapter 11 bankruptcy cases of Residential Capital, LLC ("ResCap"), GMAC Mortgage, LLC and other affiliated debtors and debtors in possession (collectively, the "Debtors") pending before the United States Bankruptcy Court for the Southern District of New York, Case No. 12-12020 (MG) (the "ResCap bankruptcy case") and we need additional information from you regarding the claims you are asserting against the Debtors.

The Information we Need From You Regarding Your Proof of Claim:

We received and reviewed a copy of the Proof of Claim form and document(s), if any, that you filed in the ResCap bankruptcy case. A copy of your Proof of Claim form is enclosed for your reference. In the process of reviewing the Proof of Claim form and the document(s), if any, you submitted, we noticed that you left the "Basis for Claim" field on the Proof of Claim form blank, or indicated that the basis for your claim is "unknown". In order to evaluate your claim, we need to understand why you believe you are owed money or are entitled to other relief from one of the Debtors.

You Must Respond to this Letter by no Later Than June 20, 2013:

In accordance with the Order of the Bankruptcy Court (Docket No. 3294, filed March 21, 2013), you **must** respond to this letter by no later than June 20, 2013 with an explanation that states the legal and factual reasons why you believe you are owed money or are entitled to other relief from one of the Debtors as of May 14, 2012 (the date the Debtors filed their bankruptcy cases) and, you **must** provide copies of any and all documentation that you believe supports the basis for your claim. Included with this letter is a form to assist you in responding to our request.

Consequences of Failing to Respond:

If you do not provide the basis for your claim and the supporting documentation by June 20, 2013, the Debtors may file a formal objection to your Proof of Claim on, among others, the basis that you failed to provide sufficient information and documentation to support your claim, and your claim may be disallowed and permanently expunged. If your claim is disallowed and expunged, you will not receive any payment for your claim and any other requests you may have made for non-monetary relief in your Proof of Claim will be denied. Therefore, it is very important that you respond by the date stated above with the requested information and documentation supporting the basis for your claim.

If your claim relates to a mortgage loan that you believe was originated or serviced by one of the Debtors, please be sure to include the loan number and property address that the loan relates to in the information and documentation that you send us, so that we can effectively search our records for information on your property and loan, and evaluate your claim.

Questions:

If you have any questions about this letter, or need help in providing the requested information and document(s), you should contact an attorney. You may also contact the Special Counsel to the Official Committee of Unsecured Creditors¹ (contact information provided below):

SPECIAL COUNSEL TO THE OFFICIAL COMMITTEE OF UNSECURED CREDITORS

SILVERMANACAMPORA LLP

100 Jericho Quadrangle, Suite 300

Jericho, New York 11753

Telephone: 866-259-5217

Website: <http://silvermanacampora.com>

E-mail address: rescapborrower@silvermanacampora.com

You must send the requested information and document(s) supporting your claim on or before the date provided in this letter to either;

- (i) Claims.Management@gmacrescap.com, or
- (ii) Residential Capital, LLC
P.O. Box 385220
Bloomington, Minnesota 55438

Please mark each piece of correspondence with the Claim Number referenced above.

Sincerely,

Claims Management
Residential Capital, LLC

¹ Please be advised that SilvermanAcampora LLP does not represent you individually and, therefore, cannot provide you with legal advice.

EXHIBIT

1

Gccc cvvvvvccwwwwwwssdbvv v

Residential Capital, LLC RESCAP, U.S. Bank National Association

As Trustee, GMAC, Homecomings

Bankruptcy: Case No. 12-12020

Property Address: 89-37 Metropolitan Ave Rego Park New York 11374

PROOF OF CLAIM NUMBER: 4413

AFFIDAVIT IN SUPPORT

I, Jessica Angel Quiroz, being sworn says: . I am over 18 years of age and reside at: 89-37 Metropolitan Ave Rego Park New York, 11374, I am the legal owner of the property in question I substituted my father Ramon Quiroz as my personal representative including a Durable Power of Attorney for Financial Management as well transferred the Deed to his name. I swore and present this Affidavit in Support of "proof of claim" against RESCAP Residential Capital LLC: Counsel to the Debtors Larren M. Nathelsky. Gary S. Lee, Lorenzo Marinuzzi, Morrison & Foerster LLP 1290 Avenue of the Americas New York, NY 10104.

The United States Court of Appeals for the Second Circuit in the City of New York ORDERED on the 25th day of April, 2013 Index No. 11-3663 the following:

Upon due Consideration been had in the United States of the Court of Appeals Second Circuit in the matter of the Civil Complaint filed in the United States District Court for the Eastern District of Brooklyn N.Y. E.D.N.Y. 10-cv-2485 and by the ORDER of the United States Court of Appeals for the Second Circuit Present Honorable Ralph K. Winter, Guido Calabresi, Gerald E. Lynch Circuit Judges it is Hereby ORDERED that (1) Appellants Quiroz Et Al motion for Summary Judgment is CONSTRUED as motion for summary reversal of the District court's August 9, 2011 judgment dismissing the Appellants' complaint; (2) as so construed decision on the motion is DEFERRED pending the lifting or termination of the automatic stay, see 11 U.S.C. § 362 (a)(1); Johnson v. Morgenthau, 160 F. 3d 897, 899 (2d Cir.1998) (providing that this Court has "inherent power...to manage and control its docket") Upon the truth of the matter and the proper accuracy and legal documents submitted to this court, the same is true to my knowledge and belief, except as matters therein stated to be alleged on information and belief and as those matters I believed them to be true. To the best of my knowledge information and belief, formed after an inquiry reasonable under the circumstances, the presentation of these papers of the contention therein are not frivolous as defined in subsection (C) of section 130-1-1 of the Rules of the Chief Administration (22 NYCRR).

Please note that no other party in this action has answered, appeared or requested notification of this motion; therefore no other parties are entitled to notice of this application.

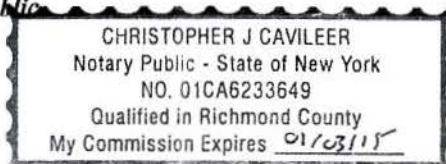
The foregoing statements are true, under the penalty of perjury.

Swore to before me

This day...17th...of June, 2013

Chris Conk

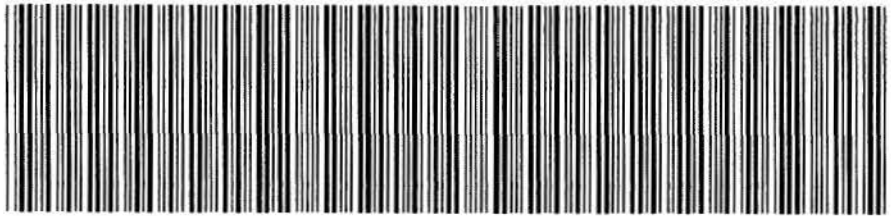
Notary Public



Jessica Angel Quiroz
Jessica Angel Quiroz

**NYC DEPARTMENT OF FINANCE
OFFICE OF THE CITY REGISTER**

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2012040300583002001EBAC4

RECORDING AND ENDORSEMENT COVER PAGE

PAGE 1 OF 14

Document ID: 2012040300583002

Document Date: 04-01-2012

Preparation Date: 04-03-2012

Document Type: POWER OF ATTORNEY

Document Page Count: 13

PRESENTER:

JESSICA ANGEL QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374
347-876-8759
rayorlando1@hotmail.com

RETURN TO:

JESSICA ANGEL QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374
347-876-8759
rayorlando1@hotmail.com

PROPERTY DATA

Borough	Block	Lot	Unit	Address
QUEENS	3176	13	Entire Lot	8937 METROPOLITAN AVE
Property Type: DWELLING ONLY - 1 FAMILY				

CROSS REFERENCE DATA

CRFN _____ or Document ID _____ or Year _____ Reel _____ Page _____ or File Number _____

PARTIES

PARTY ONE:

JESSICA A. QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374

PARTY TWO:

RAMON QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374

FEES AND TAXES

Mortgage		Filing Fee:	
Mortgage Amount:	\$	0.00	\$ 0.00
Taxable Mortgage Amount:	\$	0.00	NYC Real Property Transfer Tax:
Exemption:			\$ 0.00
TAXES: County (Basic):	\$	0.00	NYS Real Estate Transfer Tax:
City (Additional):	\$	0.00	\$ 0.00
Spec (Additional):	\$	0.00	
TASF:	\$	0.00	
MTA:	\$	0.00	
NYCTA:	\$	0.00	
Additional MRT:	\$	0.00	
TOTAL:	\$	0.00	
Recording Fee:	\$	102.00	
Affidavit Fee:	\$	0.00	

**RECORDED OR FILED IN THE OFFICE
OF THE CITY REGISTER OF THE**

CITY OF NEW YORK

Recorded/Filed 05-03-2012 14:28

City Register File No.(CRFN):

2012000176548



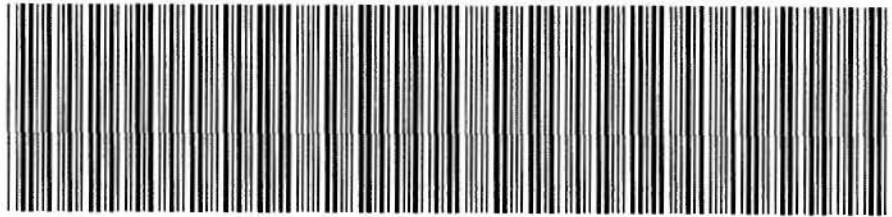
Annette McMill

City Register Official Signature

CLAIM NUMBER: 4413

**NYC DEPARTMENT OF FINANCE
OFFICE OF THE CITY REGISTER**

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2012040300583001003EDA81

RECORDING AND ENDORSEMENT COVER PAGE

PAGE 1 OF 5

Document ID: 2012040300583001

Document Date: 04-03-2012

Preparation Date: 04-19-2012

Document Type: DEED

Document Page Count: 3

PRESENTER:

JESSICA ANGEL QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374
347-876-8759
rayorlando1@hotmail.com

RETURN TO:

JESSICA ANGEL QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374
347-876-8759
rayorlando1@hotmail.com

PROPERTY DATA			
Borough	Block	Lot	Unit Address
QUEENS	3176	13 Entire Lot	8937 METROPOLITAN AVE
Property Type: DWELLING ONLY - 1 FAMILY			

CROSS REFERENCE DATA

CRFN _____ or Document ID _____ or Year _____ Reel _____ Page _____ or File Number _____

PARTIES

GRANTOR/SELLER:

HELEN QUIROZ, DECEASED
8937 METROPOLITAN AVE
REGO PARK, NY 11374

GRANTEE/BUYER:

RAMON QUIROZ
8937 METROPOLITAN AVE
REGO PARK, NY 11374

x Additional Parties Listed on Continuation Page

FEES AND TAXES

Mortgage

Mortgage Amount: \$ 0.00

Taxable Mortgage Amount: \$ 0.00

Exemption:

TAXES: County (Basic): \$ 0.00

City (Additional): \$ 0.00

Spec (Additional): \$ 0.00

TASF: \$ 0.00

MTA: \$ 0.00

NYCTA: \$ 0.00

Additional MRT: \$ 0.00

TOTAL: \$ 0.00

Recording Fee: \$ 52.00

Affidavit Fee: \$ 0.00

Filing Fee:

\$ 125.00

NYC Real Property Transfer Tax:

\$ 0.00

NYS Real Estate Transfer Tax:

\$ 0.00

**RECORDED OR FILED IN THE OFFICE
OF THE CITY REGISTER OF THE
CITY OF NEW YORK**

Recorded/Filed 05-03-2012 14:28

City Register File No.(CRFN):

2012000176547



Annette McMill

City Register Official Signature

CLAIM NUMBER: 4413

EXHIBIT

2

EXHIBIT #1
PAGE NO. 1

www.homescomings.com

Please use the form on the back of the coupon to update this information.

2,392.50

Per your Note, your loan payment is interest only.

INFORMATION ABOUT YOUR PROPERTY TAXES

We are currently collecting funds in your escrow account for the payment of your real estate property taxes. You may be receiving your real estate tax bill directly from your tax collector. If you receive a bill, please write your loan number on the bill and forward the original to Homecomings Financial, P.O. Box 89-037, Dallas, TX 75389 (be sure to make a copy for your records).

IMPORTANT YEAR-END TAX REPORTING INFORMATION

Your Form 1098 for the year 2005 was mailed to you before January 31, 2006. The information provided in that Form 1098 was only for the period of time we serviced your loan in 2005. If for some reason you do not have the form available, the information is being provided again below. This information is also available on our website at www.homecomingsm.com. The IRS does not require taxpayers to submit the Form 1098 with their tax return.

Mortgage interest paid in 2005: \$9,570.00
Mortgage interest reported to the IRS for 2005: 2,570.00
~~Taxes disbursed on purchase in 2005: \$2,996.00~~
Interest credited to your escrow account in 2005: 1.68

Current Principal Balance *	522,000.00
Current Escrow Balance	730.15
Year to Date Interest	9,570.00
Interest Rate:	5.500%

PRIOR PERIOD ACTIVITY

Activity from 03.09-06 to 04.04.06

03/31/06	Interest credit to escrow account	74
----------	-----------------------------------	----

04/03/06	04/01/06 Payment: 2,392.50 interest,	
	231.30 escrow	2,623.80

04/03/06	Speed Draft Fee	8.99
----------	-----------------	------

**Make same-day mortgage
payments with your ATM/Debit card.
Call 1.800.206.2901 or visit
www.homecomings.com.**

Like
Coming
Home

* The Current Principal Balance does not reflect the total amount required to pay your loan in full.

Pay online: www.honcomings.com

●●●●●

Check here and complete form on reverse side if your address or other information has changed.

PLEASE INCLUDE LOAN NUMBER(S) ON YOUR CHECK

Loan Number: 8738

Payment Due 05/01/06

Total Amount Due

Jessica Quiroz

2.623.80

Homecomings Financial
P. O. Box 78426
Phoenix AZ 85062-8426

CLAIM NUMBER: 4413

Homecomings Financial
(NOT A PAYMENT ADDRESS)
P.O. Box 890036
Dallas TX 75389

EXHIBIT # 2
PAGE NO. 2

Homecomings Financial

A GMAC Company

www.homecomings.com

#BWNFNZY
#ZSRYXVXWRX3#

* 0135724 000004480 09MFST 0932710 P8

Jessica Quiroz
Helen Quiroz
8937 Metropolitan Ave
Rego Park NY 11374-5325

|||||

CUSTOMER INFORMATION

Loan Number: 8738
Borrower: Jessica Quiroz
Co-Borrower: Helen Quiroz
Property Address: 8937 Metropolitan Ave
Rego Park NY 11374
Home Phone #: 718-715-1752
Work Phone #1: 718-709-3357
Work Phone #2: 718-531-3500

Please use the form on the back of the coupon to update this information.

This is an attempt to collect on a debt and any information obtained will be used for that purpose. If you have been discharged of your personal liability for repayment of this debt, be advised that any action we may take will be taken against the property only and not against you personally.

CURRENT ACCOUNT DETAILS

Mortgage Amount(s) Due 2,392.50
Interest 668.76
Monthly Escrow Installment

Information About Your Account

Per your Note, your loan payment is interest only.

IMPORTANT YEAR-END TAX REPORTING INFORMATION

Your Form 1098 for the year 2006 was mailed to you before January 31, 2007. The information provided in that Form 1098 was only for the period of time we serviced your loan in 2006. If for some reason you do not have the form available, the information is being provided again below. This information is also available on our website at www.homecomings.com. The IRS does not require taxpayers to submit the Form 1098 with their tax return.

Mortgage interest paid in 2006: \$28,710.00.
Mortgage interest reported to the IRS for 2006: \$28,710.00.
Taxes disbursed on your behalf in 2006: \$2,726.23
Interest credited to your escrow account in 2006: \$2.34

THINK OF US AS YOUR PERSONAL MORTGAGE LENDER

Our aim is to provide you with personalized, relevant financial solutions tailored to your specific needs. Call us toll-free at 1.877.695.3633 (1.877.MyLender).

MORTGAGE ACCOUNT SUMMARY

Payment Due Date: 03/01/07
Statement Date: 02/27/07

Account Information as of 02/27/07

Current Principal Balance * 522,000.00
Current Escrow Balance 1,137.49
Year to Date Interest 4,785.00
Interest Rate: 5.500%

PRIOR PERIOD ACTIVITY

Activity from 02/23/07 to 02/27/07

02/27/07 02/01/07 Payment: 2,392.50 interest, 668.76
escrow, 47.85 late charge(s) 3,109.11
02/27/07 Speed Draft Fee 8.99

Make same-day mortgage
payments with your ATM/Debit card.
Call 1.800.206.2901 or visit
www.homecomings.com.

Like
Coming
Home

* The Current Principal Balance does not reflect the total amount required to pay your loan in full.
Please call 1.800.206.2901 to obtain the payoff amount for your loan.

Pay online at www.homecomings.com

Check your card expiration date on reverse side of
your address or other information has changed.

PLEASE INCLUDE LOAN NUMBER(S) ON YOUR CHECK

Homecomings Financial
P.O. Box 78426
Phoenix, AZ 85062-8426

Loan Number: 8738
Payment Due 03/01/07
Total Amount Due

Jessica Quiroz

CLAIM NUMBER: 4413

Homecomings Financial

AGMAC Company
PO Box 205
Waterloo, IA 50704-0205

EXHIBIT #3
PAGE No. 3

07/06/07

JESSICA QUIROZ
HELEN QUIROZ
8937 METROPOLITAN AVE

REGO PARK NY 11374

RE: Account Number [REDACTED] 8738
Property Address 8937 METROPOLITAN AVE

REGO PARK NY 11374

Dear JESSICA QUIROZ
HELEN QUIROZ

****IMPORTANT NOTICE REGARDING INTEREST RATE AND/OR
INTEREST ONLY PAYMENT CHANGES****

The interest rate on your loan is scheduled to adjust on
08/01/07. Your new interest-only payment will begin effective
with the 09/01/07 payment.

Projected principal balance after 08/01/07 payment \$ 522000.00

Previous index value	0.00000%	New index value	5.38600%
Current interest rate	5.50000%	New interest rate	7.00000%
Curr int-only pmt \$	3205.53^	New int-only pmt \$	3045.00
Margin	5.55000%	Escrow*	\$ 668.76
		Total pmt \$	3713.76

*Subject to change if analysis occurs after the date of this
letter.

Your new interest rate is calculated by adding the margin to the
new index value, as defined in your mortgage documents. The
result of this addition is subject to rounding and rate cap
limitations according to the terms of your mortgage documents.

PLEASE NOTE: If you make additional principal payments prior to
the 09/01/07 payment change, your monthly payment will be
adjusted accordingly.

A Mortgage Account Statement will be sent under separate cover.
If your payments are made through our automatic payment program,
your new payment amount will be deducted on your scheduled draft
date.

CLAIM NUMBER: 4413

PO Box 205
Waterloo IA 50704-0205

Homecomings Financial
A.M.A. Company

January 8, 2009

EXHIBIT #4
PAGE NO. 4

JESSICA QUIROZ
HELEN QUIROZ
8937 METROPOLITAN AVE
REGO PARK NY 11374

RE: Account Number [REDACTED] 8738
Property Address 8937 METROPOLITAN AVE
REGO PARK NY 11374

****IMPORTANT NOTICE REGARDING INTEREST RATE AND/OR INTEREST
ONLY PAYMENT CHANGES****

The interest rate on your loan is scheduled to adjust on 2/1/2009. Your new interest-only payment will begin effective with the 3/1/2009 payment.

Projected principal balance after 2/1/2009 payment \$ 522000.00

Previous Index Value	3.1080%	New Index Value	1.7500%
Current Interest Rate	8.6250%	New Interest Rate	7.2500%
Current Int-only Pmt	\$3751.88	New Int-only pmt	\$3153.75
Margin	5.5500%	Escrow*	\$ 668.76
		Total Pmt	\$3822.51

Rate Next Change Date 8/1/2009
Principal and Interest Next Change 9/1/2009

*Subject to change if analysis occurs after the date of this letter.

Your new interest rate is calculated by adding the margin to the new index value, as defined in your mortgage documents. The result of this addition is subject to rounding and rate cap limitations according to the terms of your mortgage documents.

PLEASE NOTE: If you make additional principal payments, your monthly payment may be adjusted depending on the terms of your mortgage documents.

A Mortgage Account Statement will be sent under separate cover. If your payments are made through our automatic payment program, your new payment amount will be deducted on your scheduled draft date.

CLAIM NUMBER: 4413

PO Box 205
Waterloo IA 50704-0205

Homecomings Financial

July 9, 2008

JESSICA QUIROZ
HELEN QUIROZ
8937 METROPOLITAN AVE
REGO PARK NY 11374

EXHIBIT # 5
PAGE No 5

RE: Account Number [REDACTED] 8738
Property Address 8937 METROPOLITAN AVE
REGO PARK NY 11374

****IMPORTANT NOTICE REGARDING INTEREST RATE AND/OR INTEREST ONLY
PAYMENT CHANGES****

The interest rate on your loan is scheduled to adjust on 8/1/2008. Your new interest-only payment will begin effective with the 9/1/2008 payment.

Projected principal balance after 8/1/2008 payment \$ 522000.00

Previous Index Value	4.5960%	New Index Value	3.1080%
Current Interest Rate	8.5000%	New Interest Rate	8.6250%
Current Int-only Pmt	\$3697.50	New Int-only pmt	\$3751.88
Margin	5.5500%	Escrow*	\$ 668.76
		Total Pmt	\$4420.64

Rate Next Change Date 2/1/2009
Principal and Interest Next Change 3/1/2009

*Subject to change if analysis occurs after the date of this letter.

Your new interest rate is calculated by adding the margin to the new index value, as defined in your mortgage documents. The result of this addition is subject to rounding and rate cap limitations according to the terms of your mortgage documents.

PLEASE NOTE: If you make additional principal payments, your monthly payment may be adjusted depending on the terms of your mortgage documents.

A Mortgage Account Statement will be sent under separate cover. If your payments are made through our automatic payment program, your new payment amount will be deducted on your scheduled draft date.

CLAIM NUMBER 4413

Printed by

CLAIM NUMBER: 4413



Customer Service
PO Box 5170
Sima Valley, CA 93062-5170

Statement date 03/03/2010

Account Number [REDACTED] 9145

Property address
89 37 Metropolitan Ave.

0051023 01 AT 0.357 **AUTO T6 1 2754 11374-5325
MSR XW AG 0101---0-2---C0000060 IN 1 P51074
JESSICA ANGEL QUIROZ
8937 Metropolitan Ave
Rego Park NY 11374-5325



EXHIBIT #6 PAGE NO. 2



IMPORTANT NOTICE

BAC Home Loans Servicing, LP services your home loan on behalf of the holder of your note (Noteholder). This is to advise you that your account remains seriously delinquent.

If we do not hear from you immediately, we will have no alternative but to take appropriate action to protect the interest of the Noteholder in your property. This action may include returning payments that are less than the total amount due.

Please give this matter your most urgent attention. Please pay the total amount due immediately. BAC Home Loans Servicing, LP will proceed with collection action until your account is brought fully current, and you will be responsible for all cost incurred in this process to the full extent permitted by law.

Note to Delaware Residents: Delaware residents who are struggling with their mortgage payments will find information on state-supported assistance by visiting www.deforeclosurehelp.org or calling 1-800-220-5424.

If you are unable to bring your account current, please contact us at **1.800.641.5302**.

Sincerely,

LOAN SERVICING
Loan Counselor

HOME LOAN SUMMARY

Home loan overview as of 03/03/2010

Principal balance	\$44,809.04
Late Charge if payment received after 03/27/2010	\$9.96

Amount due on 03/12/2010 as of 03/03/2010

Home loan payment due 03/12/2010	\$517.71
Past due payment amount (see next page for account details)	14,435.91

Calls may be monitored or recorded to ensure quality service. We may charge you a fee (of up to \$40.00) for any payment returned or rejected by your financial institution, subject to applicable law.

PAYMENT INSTRUCTIONS

- Please
 - don't send cash
 - don't staple the check to the payment coupon
 - don't include correspondence
 - include coupon with payment
- Write the account number on the check or money order.
- Make the check payable to
BAC Home Loans Servicing, LP
Attn: Remittance Processing
PO Box 15222
Wilmington, DE 19885-5222

Account number [REDACTED] 145 (0)
Jessica Angel Quiroz
89 37 Metropolitan Ave.
Rego Park, NY 11374

SEE OTHER SIDE FOR IMPORTANT INFORMATION

BAC Home Loans Servicing, LP
PO BOX 15222
WILMINGTON, DE 19885-5222



Payment due **Mar 12, 2010** *\$517.71
After **Mar 27, 2010** late payment *\$527.67

*Payment amount includes late charges. See Home Loan Details for breakdown.

Additional
Principal

Additional
Escrow

Check total

914511

CLAIM NUMBER 4413

2007/25117 ANSWER (Page 14 of 15)

Homecomings Financial

EXHIBIT # 7

Prepared for: JESSICA A QUIROZ

October 2007 Statement
Credit Line: \$15,000.00
Cash or Credit Available: \$635.88

FIA CARD SERVICES™

Customer Service

For information on your account visit:
www.fiacardservices.com

Mail Payments to:

FIA CARD SERVICES
P.O. BOX 15721
WILMINGTON, DE 19886-5721

Mail Billing Inquiries to:

FIA CARD SERVICES
P.O. BOX 15028
WILMINGTON, DE 19850-8028Call toll-free 1-800-362-8299
TDD hearing-impaired 1-800-346-3178

Account Information

Summary of Transactions

Previous Balance	\$14,535.20
Payments and Credits	\$394.00
Cash Advances	\$0.00
Purchases and Adjustments	\$0.00
Periodic Rate Finance Charges	\$222.82
Transaction Fee Finance Charges	\$0.00
New Balance Total	\$14,364.02

Billing Cycle and Payment Information

Payment Billing Cycle	28
Closing Date	10/05/07
Payment Due Date	10/30/07
Current Payment Due	\$364.00
Past Due Amount	\$0.00
Total Minimum Payment Due	\$364.00

Transactions

Payments and Credits	Posting Date	Transaction Date	Reference Number	Account Number	Category	Amount
PAYMENT, THANK YOU	09/28					\$394.00 CR

PAYDOWN YOUR MORTGAGE WITH
THE HOMECOMINGS FINANCIAL
EQUITY REWARDS PROGRAM
0 POINTS EARNED THIS MONTH
132 TOTAL POINTS AVAILABLE
2,500 POINTS REDEEMED THIS MONTH

Finance Charge Schedule

Category	Periodic Rate	Corresponding Annual Percentage Rate	Balance Subject to Finance Charge
Cash Advances			
A. Balance Transfers, Checks	0.043808% DLY	15.99%	\$0.00
B. ATM, Bank	0.054767% DLY	19.99%	\$14,529.76
C. Purchases	0.043808% DLY	15.99%	\$0.62

Annual Percentage Rate for this Billing Period:

(Includes Periodic Rate Finance Charges and Transaction Fee Finance Charges.)

19.99%

Important Information About Your Account

PAY YOUR BILL QUICKLY WITH THE PAY BY PHONE SERVICE. CALL 1-888-478-7658
TO USE THE AUTOMATED SERVICE OR DISCUSS OTHER PAYMENT OPTIONS.

INTRODUCTORY OFFER! SAVE \$10 ON YOUR FIRST GIFT BOX OF FLORIDA CITRUS FROM
AL'S FAMILY FARMS. VISIT WWW.ENJOYCITRUS.COM OR CALL 1-888-231-2450 DEPT. 115

07

1088

FIA CARD SERVICES
P.O. BOX 15721
WILMINGTON, DE 19886-5721

1 0062485 08679 0406000802 05E111 00810-08

JESSICA A QUIROZ
8937 METROPOLITAN AVE
REGO PARK NY 11374-5325-379

☐ Check here for a change of mailing address or phone number(s).
Please provide all corrections on the reverse side.

Payment Information

ACCOUNT NUMBER: 0088

NEW BALANCE TOTAL: \$14,364.02

PAYMENT DUE DATE: 10/30/07

TOTAL MINIMUM
PAYMENT DUE
\$364.00

Under Payment Amount Enclosed

\$

Mail this payment coupon along with a
check or money order payable to: FIA CARD SERVICES

Page 1 of 2

1524022250

1088

CLAIM NUMBER: 4413



Ocwen Loan Servicing, LLC
P.O. Box 4025
Corryopolis, PA 15108-6942
HELPING HOMEOWNERS IS WHAT WE DO!™

O C W E N

CLAIM NUMBER: 4413

EXHIBIT: 8

Notification Date: 06/06/2013

000804 - 009413

JESSICA QUIROZ (DAUGHTER)
HELEN QUIROZ (DECEASED)
8937 METROPOLITAN AVE
REGO PARK, NY 11374-5325

PROPERTY OWNER: RAMON QUIROZ
SEE: DEED (ATTACHED)

NOTICE OF PLACEMENT RENEWAL NOTIFICATION CERTIFICATE

RE: REFERENCE NUMBER: 5922

Loan Number: 8738

Hazard Insurance Uninsured Date: 06/01/2013

Property Location: 8937 METROPOLITAN AVE
REGO PARK NY 11374

Certificate Number: Q-8000741

Effective Date: 06/01/2013

Dwelling Limit: \$549,000.00

Expiration Date: 06/01/2014

Annual Charge: \$5,365.24

THIS COVERAGE WILL NOT PROTECT YOUR INTEREST IN THE PROPERTY.

Dear Customer:

During the past 45 days, we notified you that the lender-placed hazard insurance we previously obtained on your property would be renewed for an additional term of one year, if we did not receive a copy of a valid hazard insurance policy.

This letter is to notify you that, as we have not received the required evidence of coverage, we have renewed your lender-placed hazard insurance coverage with QBE INSURANCE CORPORATION to provide the necessary insurance protection on your property as required under the terms of your mortgage / deed of trust. Enclosed you will find a copy of the Certificate of Insurance that has been purchased by Ocwen Loan Servicing, LLC.

The cost of the insurance in the amount of \$5,365.24 was advanced for the period 06/01/2013 to 06/01/2014. Lender-placed hazard insurance does not provide guaranteed replacement cost coverage.

This insurance will remain in force unless we received evidence of a hazard insurance policy with an effective date on or before 06/01/2013. As set forth in our previous notices, pursuant to your mortgage / deed of trust, the cost of this coverage is your responsibility and will be included in any statements that you may receive going forward. The charges for this insurance, and any state imposed fees, would be paid from your escrow/impound account. If you do not have an escrow/impound account, one may be established. If you obtain coverage on your own and there is a lapse between the effective date of your policy and the lender-placed hazard insurance coverage, you will be responsible for the insurance charges for that period. Any insurance charges not used will be credited to your account. Ocwen Loan Servicing, LLC and/or its affiliates may receive commissions or other compensation in connection with the purchase of lender-placed hazard insurance.

If you have a hazard policy in effect, please forward a copy of the policy to our office immediately, or fax a copy of your policy to us at (866) 336-9021. Please make sure that the appropriate loss payee clause naming us as the mortgagee, is Ocwen Loan Servicing, LLC, Its Successors and/or Assigns. We recommend you speak with your insurance company or agent for assistance.

CLAIM NUMBER: 4413

12-12020-mg Doc 7480-2 Filed 09/04/14 Entered 09/04/14 11:44:19 Declaration
QBE INSURANCE CORPORATION
88 Pine Street, 16th Floor
New York, NY 10005

Home Office: c/o CT Corporation System
116 Pine Street, Suite 320
Harrisburg, PA 17101

Exhibit A - Diligence Response
EXHIBIT: 8

Toll Free Customer Service: (800) 256-9962
INSURANCE SERVICE CENTER
P.O. BOX 4025
CORAOPOLIS, PA 15108-6942

CLAIM NUMBER: 4413

Residential Property Declarations

LOAN NUMBER: [REDACTED] 8738

NOTIFICATION DATE: 06/06/2013

NAMED INSURED

JESSICA QUIROZ

HELEN QUIROZ

8937 METROPOLITAN AVE

REGO PARK, NY 11374-5325

MORTGAGEE

OCWEN LOAN SERVICING, LLC

INSURANCE SERVICE CENTER

P.O. BOX 4025

CORAOPOLIS, PA 15108-6942

	Amount of Insurance	Premium	
POLICY NUMBER [REDACTED] 0741	Dwelling	\$549,000.00	\$5,325.30
POLICY TERM:			
FROM 06/01/2013 TO 06/01/2014			
<input type="checkbox"/> NOON <input checked="" type="checkbox"/> 12:01am			
IF WE ELECT TO CONTINUE THIS INSURANCE, WE WILL RENEW THIS POLICY IF YOU PAY THE REQUIRED RENEWAL PREMIUM FOR EACH SUCCESSIVE POLICY PERIOD, SUBJECT TO OUR RATES, RULES AND FORMS IN EFFECT. YOU MUST PAY US PRIOR TO THE END OF THE CURRENT POLICY PERIOD OR ELSE THIS POLICY WILL EXPIRE.			
Deductible - per loss occurrence			
Property is VACANT at time of loss \$1,000.00			
Vandalism & Malicious Mischief \$1,000.00			
All Other Covered Losses \$1,000.00			
PROPERTY LOCATION	NY STATE FIRE SURCHARGE	0.750%	\$39.94
8937 METROPOLITAN AVE	TOTAL CHARGES		\$5,365.24
REGO PARK NY 11374			
ENDORSEMENTS ATTACHED AND FORMING A PART OF THE POLICY			
RP1299 (0109), RP1202 (0109), IL1701 (0510), RP1531 (0109), IL1705 (0109), IL1401 (0109)			

Subject to the terms and provisions of this policy and the coverage forms and endorsements attached hereto, it is agreed that the insurance applies to the property described above and to any person shown as a Named Insured with respect to such property, subject to the following additional provisions:

The above Mortgagee is authorized to advance all funds to be recovered from the Named Insured for the insurance afforded.

DEDUCTIBLES: Please refer to the deductibles shown above for the coverage provided by this policy.

THIS POLICY ONLY COVERS DWELLINGS. IT DOES NOT COVER YOUR PERSONAL PROPERTY.

For Customer Service questions, please call our toll free Customer Service Number at: (800) 256-9962

To report a CLAIM, please contact our Claim Department at 1-800-323-7466

or, you may report a new claim using our website at www.qbefirst.com

CLAIM NUMBER: 4413

EXHIBIT

3

E.D.N.Y.- Bklyn
10-cv-2485
Matsumoto, J.
Azrack, M.J.

United States Court of Appeals
FOR THE
SECOND CIRCUIT

At a stated term of the United States Court of Appeals for the Second Circuit, held at the Thurgood Marshall United States Courthouse, 40 Foley Square, in the City of New York, on the 25th day of April, two thousand thirteen.

Present:

Ralph K. Winter,
Guido Calabresi,
Gerard E. Lynch,
Circuit Judges.

Ramon Quiroz, *et al.*,

Plaintiffs-Appellants,

v.

11-3663

U.S. Bank National Association, as Trustee, *et al.*,

Defendants-Appellees.

Appellant Ramon Quiroz, *pro se*, moves: (1) for an order granting "summary judgment" in the Appellants' favor; and (2) to lift the automatic stay imposed upon the filing of a Chapter 11 bankruptcy petition by Appellees Homecomings Financial ("Homecomings") and GMAC Mortgages ("GMAC"). By order entered on May 24, 2012, this Court stayed the above-captioned appeal pending the lifting or termination of the automatic stay.

Upon due consideration, it is hereby ORDERED that: (1) the Appellants' motion for "summary judgment" is CONSTRUED as a motion for summary reversal of the district court's August 9, 2011 judgment dismissing the Appellants' complaint; (2) as so construed, decision on the motion is DEFERRED pending the lifting or termination of the automatic stay, *see* 11 U.S.C. § 362(a)(1); *Johnson v. Morgenthau*, 160 F.3d 897, 899 (2d Cir. 1998) (providing that this Court has "inherent

SAO-MEM

CLAIM NUMBER: 4413

power . . . to manage and control its docket"); and (3) the Appellants' motion to lift the automatic stay is DENIED, *see In re Sonnox Indus.*, 907 F.2d 1280, 1287 (2d Cir. 1990) (noting that the decision to lift the automatic stay is left to the sound discretion of the bankruptcy court). Any future motion to lift the automatic stay should be filed in the bankruptcy court. *See* Fed. R. Bankr. P. 9014.

Finally, we note that Appellant Ramon Quiroz has informed this Court that Appellant Helen Quiroz has died. However, this Court has no information as to whether she has a personal representative who could be substituted under Federal Rule of Appellate Procedure 43(a). Additionally, Appellant Jessica Angel Quiroz may not be a proper party to this appeal, as she did not sign the notice of appeal and this Court has no information as to whether she was a minor child at the time that it was filed. *See* Fed. R. App. P. 3(c)(2). Accordingly, the Appellants are ORDERED to file, within 30 days of the date that Homecomings and GMAC notify this Court that the automatic stay has been lifted or terminated, affidavits or affirmations stating: (1) whether Appellant Helen Quiroz has a personal representative suitable for substitution pursuant to Federal Rule of Appellate Procedure 43(a); and (2) the age of Appellant Jessica Angel Quiroz at the time that the September 8, 2011 notice of appeal was filed.

FOR THE COURT:

Catherine O'Hagan Wolfe, Clerk




A True Copy

Catherine O'Hagan Wolfe, Clerk

United States Court of Appeals, Second Circuit




SAO-MEM

CLAIM NUMBER
H413

EXHIBIT

4

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Certificate No. 156-12-007476

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
FEBRUARY 23, 2012 06:00 PM

1. DECEDENT'S LEGAL NAME HELEN QUIROZ
(First, Middle, Last)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	Place of Death 2a. New York City 2b. Borough Queens	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input type="checkbox"/> Emergency Dept/Outpatient 3 <input type="checkbox"/> Dead on Arrival 4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input checked="" type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Any Hospice care in last 30 days 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) 8937 Metropolitan Avenue Rego Park, New York 11374		
	Date and Time of Death 3a. (Month) (Day) (Year-yyy) February 20 2012	3b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 07:45	4. Sex Female	5. Date last attended by a Physician mm dd yyyy 02 20 2012		
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.						
Name of Physician <u>Margaret Squillace MD</u> (Type or Print)		Signature <u>Margaret Squillace</u>		Signature Electronically Authenticated		
Address <u>1740 Eastchester Road, Bronx, New York 10461</u>		License No. <u>176231</u>		Date <u>FEB-21-2012</u>		
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	7a. Usual Residence State New York	7b. County Queens	7c. City or Town Rego Park	7d. Street and Number 89-37 Metropolitan Avenue	Apt. No. 11374	
	7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No					
	8. Date of Birth (Month) (Day) (Year-yyy) June 21	9. Age at last birthday (years) 1	Under 1 Year Months Days 2 3		Under 1 Day Hours Minutes 4 5	
	10. Social Security No. 8913					
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Office Manager		11b. Kind of business or industry Fund Raising		12. Aliases or AKAs	
	13. Birthplace (City & State or Foreign Country) Brooklyn, New York		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 2 <input type="checkbox"/> 9th - 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) 3 <input checked="" type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)			
	15. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	16. Marital/Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other Specify _____ 8 <input type="checkbox"/> Unknown		17. Surviving Spouse's/Partner's Name (If wife, name prior to first marriage) (First, Middle, Last) Ramon Quiroz		
	18. Father's Name (First, Middle, Last) Peter Kazane		19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Rose Damone			
	20a. Informant's Name Janel Quiroz		20b. Relationship to Decedent Daughter		20c. Address (Street and Number Apt. No. City & State ZIP Code) 89-37 Metropolitan Avenue, Rego Park, New York 11374	
	21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____		21b. Place of Disposition (Name of cemetery, crematory, other place) Saint John's Cemetery			
21c. Location of Disposition (City & State or Foreign Country) Middle Village, New York		21d. Date of Disposition mm dd yyyy 02 25 2012				
22a. Funeral Establishment Fox Funeral Home, Inc.		22b. Address (Street and Number City & State ZIP Code) 98-07 Ascan Avenue, Forest Hills, New York 11375				

CLAIM NUMBER: 4413

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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DATE ISSUED

June 3, 2013

Steven P. Schwartz, Ph.D., City Registrar



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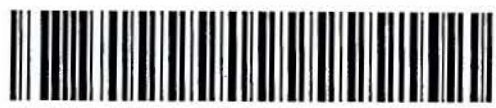
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